

**Quality Assurance and Improvement Outcomes and Indicators**  
**Clinical Services- Nursing Services**  
**Individual Review**

**Domain 2. Individual Planning and Implementation**

**Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.**

Indicators	Results	Guidance	Comments
*2.A.5. The plan includes individualized supports and services to address the person's needs.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISP lists and describes the medically necessary services in accordance with physician orders.</p> <p>ISP outcomes / actions reflect physician orders / plan of care.</p> <p>Provider Manual Reference: 3.3.a.; 3.5.; 3.7.a., b.; 3.11.d.; 3.12.; 15.2.; 15.3.1.</p>	

**Outcome 2B. Services and supports are provided according to the person's plan.**

Indicators	Results	Guidance	Comments
2.B.2. The person's plan is implemented in a timely manner.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Services, plans and programs are developed and implemented according to time frames identified in the person's ISP or there is documentation to support the extension of a timeframe and the need to update this in the ISP)..</p> <p>Provider Manual Reference: 3.17.b.</p>	

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<p>*2.B.3. The person receives services and supports as specified in the plan.</p>	<p>Y <input type="checkbox"/>  N <input type="checkbox"/>  NA <input type="checkbox"/>  IJ <input type="checkbox"/></p>	<p>Services are consistently provided in a timely fashion, and in the approved amount, frequency, intensity and duration identified in the person's Individual Support Plan and per current physician orders.</p> <p>Discrepancies in approved hours versus delivered hours are identified and explained.</p> <p>Recommendations are made as needed to reduce discrepancies.</p> <p>The nurse follows necessary steps to obtain needed medical supplies and durable medical equipment for the individual. Documentation reflects any issues with obtaining needed equipment and the resolution of those issues.</p> <p>Provider Manual Reference: 6.11.; 11.2.c.6.</p>	
<p>*2.B.5. Provider documents provision of services and supports in accordance with the plan.</p>	<p>Y <input type="checkbox"/>  N <input type="checkbox"/>  NA <input type="checkbox"/>  IJ <input type="checkbox"/></p>	<p>Nursing notes are written for each visit in accordance with the requirements in the DMRS Provider Manual.</p> <p>The Nursing Provider's contact notes indicate time-in and time-out.</p> <p>Each contact note must contain:</p> <ol style="list-style-type: none"> <li>1. The name of the service recipient;</li> <li>2. The time the service began and ended;</li> <li>3. The purpose of the contact, including the ISP action step or outcome addressed;</li> <li>4. The type of services provided;</li> <li>5. Any training provided to direct support staff or instruction provided to the service recipient or family;</li> <li>6. Data collected or reviewed by the</li> </ol>	

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		<p>nurse to evaluate progress in achieving action steps or outcomes, including assessment of the service recipient's response to implementation of staff instructions and nursing services;</p> <p>7. The status of any equipment pending approval or delivery;</p> <p>8. Plans for follow-up actions, changes in staff instruction and/or changes in the nursing plan of care and ISP;</p> <p>9. Units of service used during the contact period;</p> <p>10. Nurse name, credentials and date of contact.</p> <p>Provider Manual Reference: 3.17.b.; 8.9.e</p>	
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### Outcome 2C. Individual risk is assessed and adequate, timely intervention is provided.

Indicators	Results	Guidance	Comments
2.C.1. Individual risk (e.g., physical, behavioral) is assessed.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The provider completes the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current support and interventions.</p> <p>Provider Manual Reference: 3.9.; 3.12.b.; 8.9.d.7.</p>	
2.C.2. Supports and interventions address individual risk issues.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Staff are trained as needed on identified risk issues.</p> <p>Supports and interventions relating to risks are carried out.</p> <p>Provider Manual Reference: 3.9.</p>	

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**Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.**

Indicators	Results	Guidance	Comments
*2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The monthly review includes:</p> <ol style="list-style-type: none"> <li>1. The name of the service recipient;</li> <li>2. The dates of services provided;</li> <li>3. The service recipient's response to the service;</li> <li>4. A description of any staff training or changes in written staff instructions intended to alter the provision of direct support services since the previous month including the reasons such alterations were made;</li> <li>5. Any recommendations for changes to the ISP;</li> <li>6. Any significant health-related or medical events occurring since the last review; and</li> <li>7. The signature and title of the person completing the monthly review, with the date the monthly review was completed.</li> </ol> <p>In addition, clinical monthly review must contain:</p> <ol style="list-style-type: none"> <li>1. The number of visits scheduled for the month and the number of visits that actually occurred;</li> <li>2. An explanation of the reason for any missed visits or units of services that were approved but not used;</li> <li>3. Conclusions as to whether the clinical service plan of care is meeting the service recipient's needs;</li> <li>4. Recommendation to either continue to implement clinical services without change or to initiate revision, modification or amendment to the ISP and clinical services plan of care;</li> <li>5. Recommendations for continuation, reduction or increase in service units</li> </ol>	

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		<p>or discharge from clinical services as appropriate;</p> <p>6. Documentation of any staff training provided during the month and/or planned for the following month; and</p> <p>7. The clinical service practitioner signature and credentials with the date the monthly review was completed.</p> <p>Discharge summaries are completed in accordance with the requirements in the Provider Manual.</p> <p>Provider Manual Reference: 3.18.a.; 3.18.b.</p>	
<p>2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.</p>	<p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p>	<p>Documentation reflects the ISC is notified when there are issues which may impact the continued implementation or appropriateness of an ISP action, and the provider follows the issue to resolution.</p> <p>The nursing provider ensures that a copy of its agency's monthly review is distributed to the ISC by the 20<sup>th</sup> calendar day following the month for which review was completed.</p> <p>The nursing provider is responsible for carefully reviewing the final ISP and notifying the ISC of any inaccurate, conflicting or missing information.</p> <p>Provider Manual Reference: 3.18.a.; 3.18.b.; 8.9.f.</p>	

### Domain 3. Safety and Security

#### Outcome 3C. Safeguards are in place to protect the person from harm.

Indicators	Results	Guidance	Comments
3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>For all settings in which they work, staff are able to locate available incident reporting documents.</p> <p>Provider Manual Reference: 18.4.a.</p>	

## Domain 5. Health

### Outcome 5A. The person has the best possible health.

Indicators	Results	Guidance	Comments
5.A.3. The person reports that he/she has been educated about health risks and is supported to develop healthy alternatives (e.g. smoking cessation, routine exercise).	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<u>Interview</u>	
*5.A.5. Needed health care services and supports are provided.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Physician's orders are current and carried out as written in a timely manner.</p> <p>All specialized health related equipment is maintained appropriately on a continuous basis.</p> <p>Ongoing documentation shows the provider's efforts to obtain needed treatments, follow-up and assessments within time frames indicated or needed.</p> <p>Agency documentation systems verify staff implementation of health care related interventions.</p> <p>Provider Manual Reference: 11.2.c 2; 11.2.c.6; 11.2.d.; 11.2.5; 10); 11.3; 11.5; 11.5.c.; 13.9; 14.2</p>	
5.A.6. Health care services and supports are coordinated among providers and family members.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The nurse is actively involved in collaborative and coordinated actions to address barriers and concerns related to health care supports and services.</p> <p>All requirements regarding the administration and review of psychotropic medications are followed.</p> <p>Provider Manual Reference: 11.2.d.; 11.2.e.; 11.7.a.</p>	

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5.A.8. Provider staff take actions to address the person's emerging health problems or issues.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Upon discovery of any emerging health problems, ineffective medical interventions, additional information, or changes in health care concerns;</p> <ul style="list-style-type: none"> <li>Nursing staff obtain the necessary intervention from the applicable health care provider, and</li> <li>The nurse notifies the person's Independent Support Coordinator, legal representative and primary service provider.</li> </ul> <p>The nurse must focus on the immediate health care problem of the individual, yet remain aware of any trends that may be developing.</p> <p>Provider Manual Reference: 11.2.c. 8); 11.2.d. 6), 14), 15), 16), 23), 24); 11.9.; 11.12.</p>	
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### Outcome 5B. The person takes medications as prescribed.

Indicators	Results	Guidance	Comments
5.B.1. The person's record adequately reflects all the medications taken by the person.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The person's record contains current physician's orders for each medication (includes prescribed and over the counter).</p> <p>All PRN orders for medications define parameters per DMRS requirements.</p> <p>A medication history is current and updated.</p> <p>Provider Manual Reference: 11.2.c. 4-6); 11.6.c.; 11.7.a. 1)</p>	
*5.B.2. Needed medications are provided and administered in accordance with physician's orders.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>If the nurse is responsible for the administration of medications, the nurse ensures that prescription medications are taken in accordance with the directions of a physician.</p>	



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		<p>Ongoing medication refusals are reported to the prescribing practitioner.</p> <p>Medication variances are addressed as required.</p> <p>For persons who self-administer medications, the provider establishes and monitors the person's self-administration plan.</p> <p>Provider Manual Reference: 11.2.d. 18); 11.3.; 11.6.b.; 11.6.d.; 11.7.a 1-12); 11.7.b.; 11.8.a.-c.</p>	
*5.B.3. Only appropriately trained staff administer medications.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Only a registered nurse may delegate activities related to medication administration. Any medications requiring administration by a nurse are administered only by a nurse.</p> <p>Provider Manual Reference: 11.6.a.-d.</p>	
*5.B.4. Medication administration records are appropriately maintained.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Medication administration records are documented, legible, and accurately reflect DMRS requirements.</p> <p>Information related to side effects, such as medication profile sheets, are maintained in the person's record in a place readily accessible to the person administering the medications.</p> <p>Information listed on the MAR matches the medication bottle and physician's orders.</p> <p>Provider Manual Reference: 11.2.d. 18); 11.6.a.-d.; 11.7.a. 3-5)</p>	

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*5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	Medications are stored according to Best Practice Guidelines.	
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**Outcome 5C. The person's dietary and nutritional needs are adequately met.**

Indicators	Results	Guidance	Comments
*5.C.1. The person is educated about and supported to have good nutrition.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The nurse is educated related to special nutritional needs or plans.</p> <p>The nurse is trained and knowledgeable regarding any special equipment and/or dietary recommendations made by qualified professionals and actively supports the person to have good nutrition.</p> <p>The nurse monitors appropriately for weight gain or loss, hydration, special diets, etc.</p> <p>The nurse implements recommended programs and/or plans in accordance with the nutritional needs of the person as noted in the ISP and/or prescribed for medical or health reasons. This includes the administration of tube feedings.</p> <p>Provider Manual Reference: 11.2.d. 21-22) &amp; 25); 11.13.a.-c.</p>	

## Domain 9. Provider Capabilities and Qualifications

### Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.

Indicators	Results	Guidance	Comments
9.A.3. The provider maintains appropriate records relating to the person.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The provider complies with appropriate DMRS requirements related to service recipient records.</p> <p>Provider Manual Reference: Chapter 8.</p>	

**Domain 10. Administrative Authority and Financial Accountability**

**Outcome 10A. Providers are accountable for DMRS requirements related to the services and supports that they provide.**

Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DMRS requirements.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Services are provided in accordance with waiver rules and the DMRS provider manual, including but not limited to:</p> <p>Current Physician orders are in place for services.</p> <p>LPNs receive on-site supervision from an RN. It is the responsibility of the RN to determine and document the frequency and kind of supervision.</p> <p>Provider Manual Reference: 8.9.e.; 20.6.b.; TCA 63-7-108</p>	